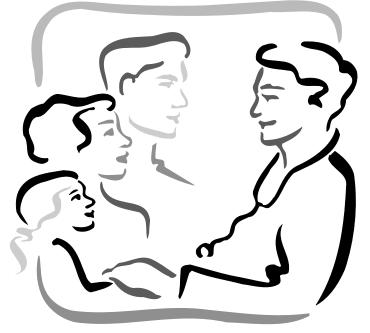
# Appendix A



Worksheets to Assist You in Implementing a Clinical Prevention Program

# Assessing Organizational Climate

What are the values, attitudes, and beliefs of our staff about prevention?
What are the values, attitudes, and beliefs of our patients about prevention?
What kind of preventive services do we envision providing to all our patients?
What is the difference between our vision and current status?
Do we perceive a need to change?
Are we ready to make the change?

#### Readiness to Put Prevention Into Your Practice

The objective of this survey is to assist you in deciding whether you are ready to successfully put prevention into your practice and to assist you in identifying those areas in which improvement is needed for an easier implementation process.

Answer the questions below as truthfully as possible.

QUESTIONS	<u>Yes</u>	<u>No</u>
<u>Program Champion</u> Our practice has someone who is willing to truly make prevention happen (someone with vision, leadership, and authority to make it work).	Y	N
Philosophy of Prevention Prevention is an important aspect of the care we provide in this practice.	Y	N
<u>Pre-Implementation Planning</u> We can allow adequate planning time to incorporate prevention into our practice.	Y	N
Role in Patient Education The physicians and nurses in our practice regard patient education as one of their main tasks.	Y	N
Administrative Support This practice is willing to allocate resources (time, training, personnel, space, etc.) to implement a comprehensive clinical prevention program.	Y	N
<u>Team Work</u> Internal communication and team work is strong among staff and physicians in our practice.	Y	N
Prior Prevention Programs Our practice has already implemented, or has tried to implement, specific programs for prevention (such as cancer prevention program, smoking cessation, diabetes, etc.)	Y	N
Quality Assurance We have a quality system (such as TQM, CQI) in place to assess and improve patient care service delivery.	Y	N

Count the number of times you answered "Yes"

- 7–8 High readiness for putting prevention into practice
- 4–6 May need more information. Address issues with a "No" response.
- 0–3 Not yet ready. Address issues with a "No" response.

Developed by the Bureau of Disease and Injury Prevention, Texas Department of Health, the Department of Kinesiology and Health Education, University of Texas at Austin, and the Texas Medical Association.

This instrument is a self-assessment tool. Consider having staff from all areas of your practice take the test, then compare and discuss beliefs about what is actually happening in your practice. Examining which questions had "No" responses suggests areas to be addressed during your planning an effective prevention program. One of the most important determinants of success is the presence of a "Program Champion." Are you ready? If not, is there someone else in your practice who can support a move towards readiness? Success requires commitment and involvement from all staff. Physicians and staff need to see each visit as an opportunity (possibly the ONLY opportunity) to address long term needs and prevention. For further assistance, contact the Texas Medical Association's Health Patient 2000 program at 512-370-1463 or the Texas Department of Health's Adult Health Program at 512-458-7534.

# Assessing Current Prevention Activities

What preventive care do we currently provide our patients?
What percentage of those eligible are receiving preventive services?
What policies and procedures do we have in place for providing preventive services?
What forms and systems are we using?
Will the PPIP system duplicate the work we're already doing?
What services are we documenting?

Who is documenting what?
What functions do our staff currently serve in the provision of preventive care?
How does our current patient flow support or inhibit our delivery of preventive services?
How does our current physical environment support or inhibit our delivery of preventive services
How have we managed change in the past?
What proventive convices have worked? Why?
What preventive services have worked? Why?

What has not worked? Why?		
What can we do differently?		

#### **Current Clinic Flow**

Complete these worksheets to assess your clinic's current clinic flow and identify how your clinic presently incorporates prevention activities. Specify who the patient meets and interacts with and briefly describe the nature of the interaction. Identify times when forms are completed or services are documented. See the sample completed form on page 21 of this Implementation Guide.

Patient enters clinic for an appointment	nent:	

- How and when does your clinic identify what screening activities are up-to-date and what preventive care is indicated for your patients?
- Who does the patient see prior to the clinician? What is done and/or discussed during this interaction?
- What educational materials are available for the patient to read in the waiting area?

#### **Current Clinic Flow**

Patient sees the clinician:	

- How does the clinician know what preventive services to offer/order? Memory? Habit? Policy? Risk Assessment tool?
- How is the patient's preventive status monitored over time?
- What services are documented? How and where are services documented?

#### **Current Clinic Flow**

Patient exits clinic:	

- What kind of monitoring system is in place to follow up on off-site screenings?
- What kind of reminder system is in place to follow up on screenings or counseling that are needed but were not done at this visit?

### Simple Chart Audit

Age											
Date Client Was Seen											
Any Health Education Documented?											
Appropriate Screening Exams Complete?											
Health History											
Initial Physical Exam?											
Systematic Assessment of Risk Factors?											
Chart #										TOTALS	

You can adapt this type of form to assess for one particular screening test and one particular educational topic (for example, a cholesterol screening test within the last five years and health education for nutrition risk).

# Example 3 Protocol for a More Complex Audit

#### HEALTH SCREENING AREA Is Flow Sex Has it been Smoker? Tobacco Date of Age PSA Breast Comments Guaiac Mammogram Pap/ updated Sheet Counsel-Exam most Pelvic within 12 in Chart? ing? recent months? visit

<u>DIRECTIONS</u>: Please complete this form by using information recorded on a patient's flowsheet, health history form, or most recent progress notes only. Use one line for each patient. Record the indicated data in the first three columns. Complete the next three columns as follows: "Y" indicates "yes", "NA" indicates "not applicable", and "N" indicates "no". We have listed five "Health Screening Areas" to begin with. Decide as a group what other issues you would like to evaluate. Use the blank column for this. For each patient, record the most recent date a procedure was performed, recommended or scheduled regardless of where it was performed. "NI" indicates that no information was found.

# Cancer Prevention in Chart Audit ommunity Project

# Protocol For the Chart Audit to Assess Current Level of Documentation of Clinical Preventive Services

Practice X has agreed to the following minimum prevention standards:

#### Well Woman Care

- All women 21 and over will receive a pap smear every three years.
- All women 51 and over will receive a mammogram every year.
- All women 21 and over will receive a clinical breast exam every three years.

#### **Immunizations**

- All adults will receive a Td every 10 years.
- All adults over the age of 65 will receive a pneumovax.
- All adults 65 and over will receive a flu vaccination every year.

#### Population-Based Screenings

• All adult patients will have a cholesterol screen done every five years.

#### Assessment and Counseling

- All patients will receive an initial physical exam within first year of service.
- Once a year all adult patients will be assessed for risk related to smoking, physical activity, nutrition, alcohol, diabetes, and STD/HIV. They will be counseled, referred, screened, or treated in relation to all identified risks.

They have agreed to use the attached chart audit form (Example 3) to assess current documentation of these services. In order to compute a ratio for timely screens/required screens, they have established patient categories as follows:

```
Gender/Age
                           Minimum Requirements
Pt.Cat.
PC1
         M/F age 19-21
                           Td
PC2
         M age 21–64
                           Td + Chol.
PC3
         M = or > 65 y.o.
                           Td + Chol. + Pneumovax + Flu
PC5
         F 21-23
                           Td + Chol.
PC6
         F 24–51 y.o.
                           Td + Chol. + CBE + Pap
PC7
         F 52–65 y.o.
                           Td + Chol. + CBE + Pap + Mamm.
PC8
         F = or > 66 \text{ y.o.}
                           Td + Chol. + CBE + Pap + Mamm.
                             + Pneumovax + Flu
```

See pp. 28–29 of Implementation Guide for use and scoring of the following chart audit form.

Chart Audit to Assess Current Level of Documentation

of Clinical Preventive Services

						0	.=Ass !=Cou Circle	nse	ling	/Ref	erra	al/S	cree	ning	J/Tx		
PT	Gender	Age	Sample Date	No. Visits Iast 12 Months?	Health Hx?	Smol	king	Acti	vity	Nutri	ition	Alco	ohol	D	М	STD/HIV	
						A	С	A	С	A	С	А	С	A	С	А	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	C	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	С	A	С
						A	С	A	С	A	С	A	С	A	C	A	C
						A	C	A	C	A	C	A	C	A	C	A	C
						A	C	A	C	A	C	A	C	A	C	A	C
						A	C	A	C	A	C	A	C	A	C	A	C
						A	C	A	C	A	C	A	C	A	C	A	C
						A	C C	A	C	A A	C	A A	C	A	C C	A	C C
						A	C	A	C	A	C	A	C	A A	C	A	C
							C		C		C		C		C		
						A	C	A	C	A	C	A	C.	A	C	A	C

# Page 2 of Documentation of Clinical Preventive Services Chart Audit to Assess Current Level

	DATE OF	LAST:							CPS SCORES						
Patient	Pap	Mamm	CBE	Cholst	Glucose	Td	Pneuvx	Flu	# Linked A and C	Patient Category	Ratio Timely Screen Category				
											Requirem				
OTALS FOR	PATIENTS														

### **PPIP Functions**

For each question, consider:

- Who would be best to fill these roles at your clinic? Why?
- Who would be best to supervise and follow-up?

Who will put the PPIP tools in the client's chart the day before the visit?
Who will prescreen the client's chart?
Who will conduct the Health Risk Profile?
Who will be responsible for ordering screening tests?
Who will be responsible for counseling the patient on identified risk factors?

Who will conduct chart audits to assess the quality of preventive services?	
Who will analyze the chart audit results?	
Who will arrange for staff training?	
Who will conduct staff training?	
Who will be responsible for ordering materials?	
What are some additional functions and who will do them?	

# Designing Your PPIP System

What is the difference between what we are providing our patients and what we want to provide
Can some of our current policies and procedures for delivery of preventive services be modified
If not, what policies and procedures need to be written?
Do we want to modify any of the PPIP materials?
How will our current physical layout support or limit our implementation of PPIP?
Do we need to make changes in staff locations within the clinic?

What will we do if we need	technical support?
Tho will need continuing ed	ducation to participate in the provision of preventive services?
low will we assess for that	need in the future?
low will we review our pro	gress?
How often will we meet and	reflect on our direction?

#### Revised Flow for PPIP

See the sample PPIP Flow on pp. 41–42 of this Implementation Guide.

Patient enters clinic for an appoint	ment:	

- How and when does your clinic identify what screening activities are up-to-date and what preventive care is indicated for your patients?
- Which staff members greet patient?
- Who guides the patient through the clinic?
- Where do patients go and who do they interact with?
- Who does the patient see prior to the clinician? What information is collected or discussed at this time?

Patient sees clinician:	

- How can the clinic obtain patient feedback on their experience at the clinic?
- How does the clinic staff demonstrate their concern about the patient's progress towards a healthier lifestyle?
- How can clinic reinforce patient's positive behavior changes?
- What kind of monitoring system is in place to follow up with off-site screenings?
- What kind of reminder system is in place to follow up with screenings or counseling that are needed but were not done at this visit?

#### Revised Flow for PPIP

Patient exits clinic:		

- How can the clinic obtain patient feedback on their experience at the clinic?
- How does the clinic staff demonstrate their concern about the patient's progress towards a healthier lifestyle?
- How can clinic reinforce patient's positive behavior changes?
- What kind of monitoring system is in place to follow up with off-site screenings?
- What kind of reminder system is in place to follow up with screenings or counseling that are needed but were not done at this visit?

# Planning for Implementation

When shall we start implementation?
How shall we start implementation?
Who will our initial target population be?
Which services/materials will we start with? Which will we add later?
How will we know when we are ready to expand our services?

# Designing Evaluation

ow will we review our progress?
ow often will we meet and reflect on our direction?

# Evaluating Your PPIP System

How are we doing at providing the services we said we want to provide?
How often do we need to reevaluate what services we offer?
How do the PPIP materials fit our needs?
Do we need to modify any of the PPIP materials?
How well are we documenting the services we provide?
How are the staff performing their functions?

Are staff stepping in where needed?
How do the staff members feel about their work?
Do staff members feel supported and heard?
Are staff working together as a team?
Are all staff contributing suggestions?
Do all staff feel that they have adequate input?

Are we functioning in alignment with our greater purpose? Our vision?	
	_
	_ _
Oo we need to reevaluate our goals?	
	<u> </u>
	_
What is working well? Why?	
	_
	_
What is not working? Why?	
	_
	_
Jour are our nationts responding to the change?	_
How are our patients responding to the change?	_
	<b>–</b>
	_